

**Intermountain Health
Primary Children's Hospital - Lehi**

2026 Implementation Strategy

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Executive Summary

In accordance with the Patient Protection and Affordable Care Act (ACA), Intermountain Health conducted a Community Health Needs Assessment (CHNA) in 2025 to identify data-driven health needs in the hospital service area. By regularly assessing and prioritizing health needs, the hospital can work collaboratively to address health disparities and improve the overall health of the community.

This Implementation Strategy guides efforts to address the health needs identified in the CHNA. It outlines programs and activities that align with

public health entities and community collaborators, defines data-identified needs, and provides an inventory of resources.

Intermountain Health adheres to all applicable laws and continuously reviews regulatory requirements to ensure compliance. Accordingly, we may adjust our CHNA processes and Implementation Strategy as regulations change.

The CHNA and Implementation Strategy are publicly available on [Intermountain's website](#).

2025 Significant Health Needs



Health Equity and Community Health

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.

Our Community Health Needs Assessment process is driven by data. We look carefully at public health data to understand the prevalence of health issues in our communities and where those issues create the greatest disparities or differences in health outcomes. We talk with residents, community-based organizations, and

local leaders to understand how health disparities connect and how they affect individuals and families across the lifespan. With an understanding of the needs our communities face, we develop a Community Health Implementation Strategy that directs our resources to remove barriers and invest resources where they will have the greatest impact. Using data and community input to identify the greatest needs and targeting our approach to meeting those needs is health equity in action.

As a healthcare system, employer, and community leader, Intermountain Health is committed to helping people live the healthiest lives possible.

Intermountain Health

Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 33 hospitals, 409 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

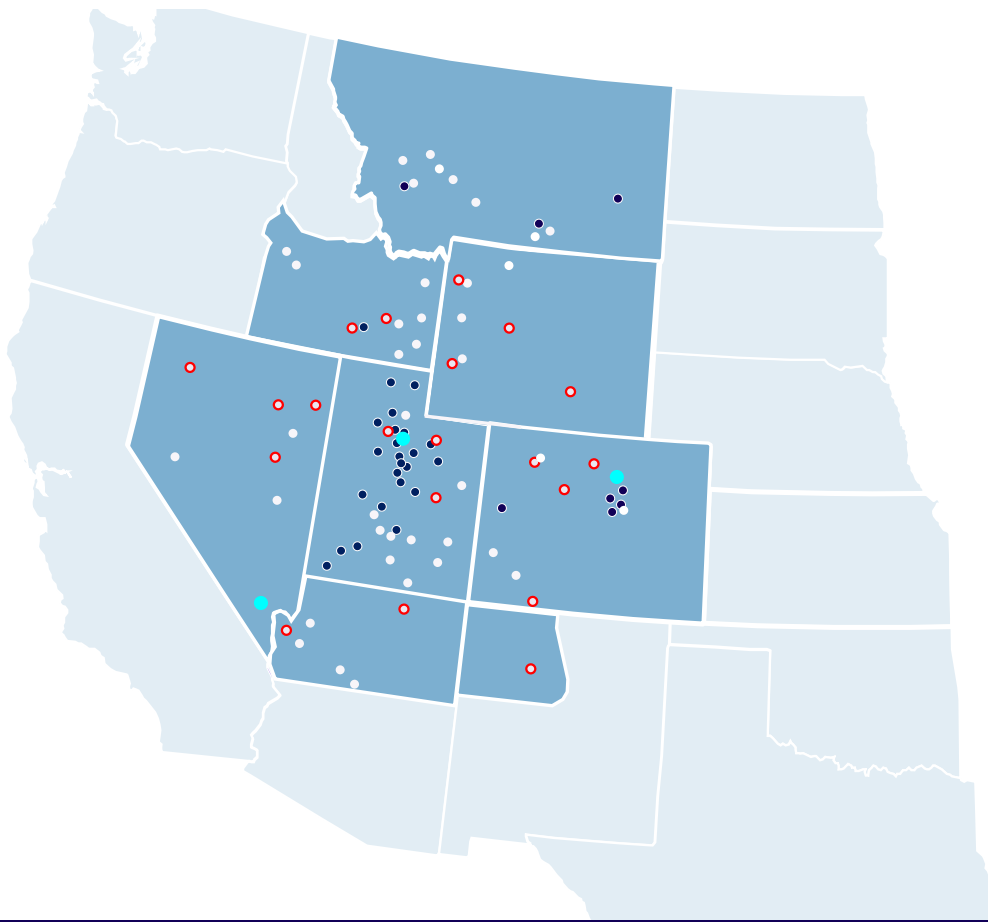
With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

Helping People Live the
Healthiest Lives Possible®

Our Values





Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarter
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400+ clinics are not highlighted on the map

Intermountain Health by the Numbers



6 Primary States
(UT, NV, ID, CO,
MT, WY)



33 Hospitals
Including One Virtual
Hospital



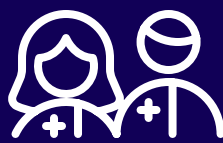
4,700+
Licensed Beds



1.1 Million
Select Health
Members



409
Clinics



68,000+
Caregivers



\$17.15 Billion¹
Total Revenue



4,800+
Employed Physicians
& APPs

Primary Children's Hospital – Lehi Campus

Primary Children's Hospital's Larry H. & Gail Miller Family Campus located in Lehi, Utah, officially opened to patients on February 12, 2024. It is a specialized pediatric hospital bringing high-quality pediatric care closer to families in Utah County and other communities in the region. The Lehi campus offers a wide range of inpatient and outpatient pediatric specialties, including emergency and trauma services, behavioral health, cardiology, dermatology, pulmonology, imaging and diagnostic services, neonatal intensive care, general surgery, and orthopedics. The Lehi campus continues the same commitment to provide the best medical care available to all children, regardless of their ability to pay, and closer to home.



Community Profile

Service Area

Primary Children's Hospital provides specialty pediatric healthcare with an aim to put the "Child First and Always". There are hospital campuses in Salt Lake City and Lehi, Utah. Additionally, Primary Children's has a dedicated pediatric behavioral health campus in Taylorsville, Utah. These hospitals provide care for all ZIP Codes in Utah and serve as a referral center from surrounding states.

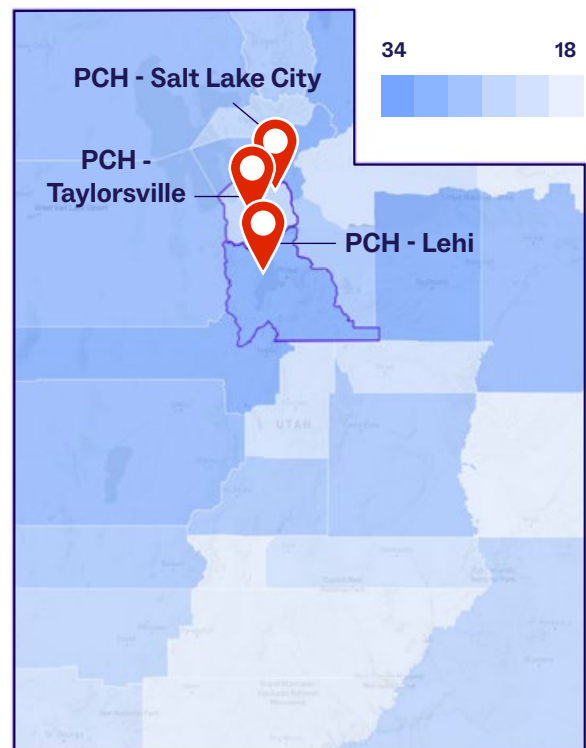
The service area is uniquely defined by the population's age and then by geography. The primary service area is children (under 18 years). The secondary service area is all counties within the state of Utah. The tertiary service area is the counties where each hospital is geographically located, namely Salt Lake and Utah counties.

The map shows the service area by the percentage of the population in each Utah county under 18 years. Overall, children make up 28% of the population in Utah.

Service Area

Utah Children Demographics

2019 - 2023 | Ages 0 to 17 years | Utah State: 28



Metopio | Tiles © Mapbox, Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau: Decennial Census (2020 data only)

Service Area Demographics

Demographic Factors for Children	Utah	United States
Total Population	3,331,187	332,387,540
Children ages 0-4	7.2%	5.7%
Children ages 5-17	21.2%	16.5%
Children ages 0-17	28.3%	22.2%
White, not Hispanic or Latino, ages 0-17	20.0%	10.6%
Hispanic or Latino, ages 0-17	5.5%	5.7%
Black or African American, ages 0-17	0.4%	3.0%
Asian, ages 0-17	0.4%	1.1%
American Indian and Alaska Native, ages 0-17	0.2%	0.2%
Native Hawaiian and Other Pacific Islander, ages 0-17	0.3%	0.1%
Two or more races, ages 0-17	3.4%	3.6%
Households with Spanish as Primary Language Spoken at Home	12.1%	13.0%
Single Parent Households	5.0%	6.2%
Percentage of children with special healthcare needs	16.5%	20.0%

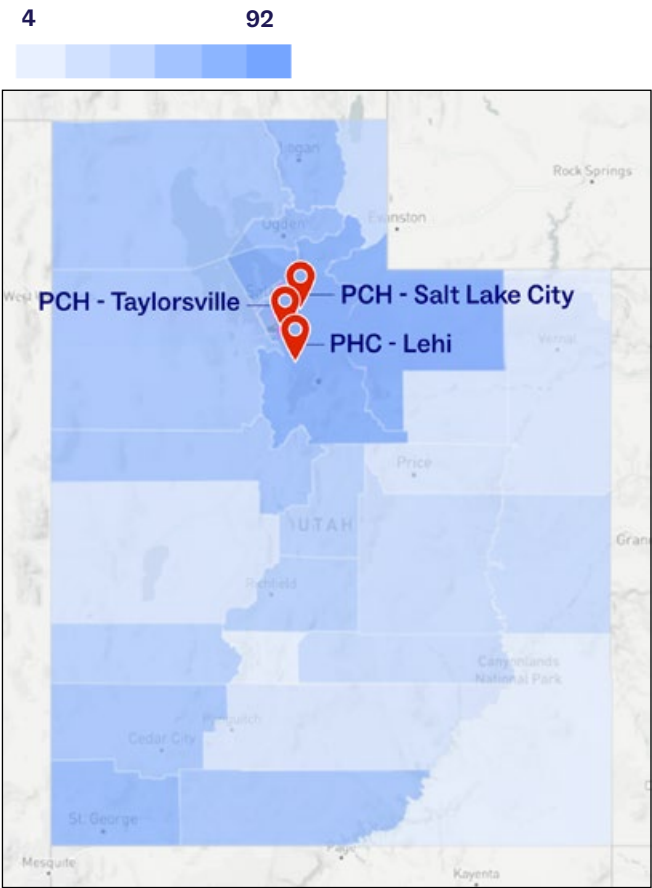
A demographic snapshot of children in Utah compared to the United States (Data sources: All indicators sourced from U.S. Census Bureau: American Community Survey, 2019-2023, except "Children with special healthcare needs" from the National Survey of Children's Health, 2021-2022)

Child Opportunity Index (COI)

The Child Opportunity Index (COI) measures and maps the quality of resources and conditions that impact children's health across their life span. Scaled from 1 to 100, higher values represent greater opportunity for health across Utah neighborhoods, including quality schools, safe housing, healthy food, clean air, green spaces, and economic stability.

In Utah, the overall COI is 71 compared to 51 in the U.S. It ranges from 4 in San Juan County to 92 in Summit County. The following counties have the lowest COI in the state: San Juan, Piute, Daggett, Carbon, Uintah, Duchesne, Garfield, and Millard.

Child Opportunity Index 3.0 - 2023 | 71 Average COI



Metopio | Ties © Mapbox, Data source: University of Wisconsin - School of Medicine and Public Health: Neighborhood Atlas

CHNA Process

The CHNA prioritization methodology began with analyzing secondary data while gathering primary data through public and stakeholder surveys. These findings were presented at community

input meetings to inform the prioritization process, including input from community members and youth voice representing diverse backgrounds and experiences.

PRELIMINARY HEALTH NEEDS

Childhood injury, abuse, and neglect Injuries are the leading cause of death and disability in children (ages 0 to 18 years).	Community safety 11% of Utah students (grades 6 to 12) reported feeling unsafe in their neighborhoods.	Financial security One in five CHNA public survey respondents, who had children in the household, reported trouble finding employment or a source of income.	Food security More children in Utah experience food insecurity than adults, with a rate of 15% compared to 12% of the general Utah population.
Healthcare access Utah children have a higher uninsured rate than the U.S. and only 63% of children have adequate insurance compared to the national rate of 68%.	Housing stability Utah households with children have higher rates of housing cost burden (spending 30% or more of income on housing).	Mental Health The suicide rate is 11% for Utah youth ages 10 to 19, and 20% for ages 15 to 19 years.	Substance use and addiction The rate of cigarette use among Utah students is decreasing, but the use of vape products and nicotine pouches is increasing.

The CHNA concluded with the application of validated analysis and scoring models that produced the final significant health needs for children. There were instances when additional

health needs were identified, unified under one heading, or prioritized. The CHNA report was reviewed and approved by Intermountain Regional Board in November 2025.

SIGNIFICANT HEALTH NEEDS



Health Needs Being Addressed

The preliminary health needs that were prioritized as significant health needs:

Childhood Abuse/Neglect	Prioritized as a significant health need as part of childhood injury and illness
Childhood Injury	Prioritized as a significant health need as part of childhood injury and illness
Community Safety	Prioritized as a significant health need as part of social drivers of health
Food Security	Prioritized as a significant health need as part of social drivers of health
Healthcare Access	Prioritized as a significant health need as part of access to care
Mental Health	Prioritized as a significant health need as part of behavioral health
Substance Use and Addiction	Prioritized as a significant health need as part of behavioral health

Health Needs Not Being Addressed

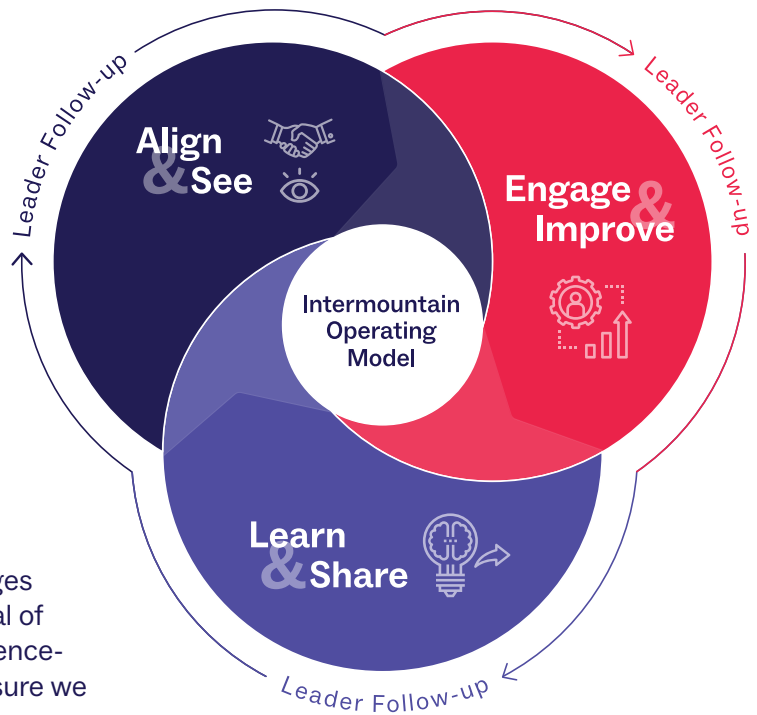
Intermountain Health is not addressing all the preliminary health needs identified during the CHNA in the Implementation Strategy. The following health needs were not prioritized due to resource constraints, ability and expertise, existing efforts by other organizations, or lack of effective solutions; however, they remain important to the health of the community and are supported through clinical operations and programs, community benefit reportable activities, community outreach, and other collaborative efforts.

Financial Security	Intermountain Health provides financial assistance and treats all patients regardless of ability to pay. Intermountain also participates in the Health Anchor Network and provides funding to organizations that offer programs aimed at community economic growth, financial self-efficacy, educational attainment, and healthcare career pathways.
Health Insurance Costs	Intermountain Health works closely with community leaders and partner organizations to connect individuals with available resources, advocate for affordability, and promote health equity allowing individuals access to affordable healthcare regardless of insurance status.
Housing Stability	Intermountain Health supports the creation and preservation of affordable housing units through Place Based Investing and participation in or support of community housing efforts. Intermountain also provides funding to organizations that offer temporary, transitional, and permanent housing and works closely with organizations that provide lodging for families traveling for their child's medical care.

Evaluation

Evaluation is an essential component of the Implementation Strategy process at Intermountain Health. It provides insight into the effectiveness of each strategy, identifies areas for improvement, and ensures there is a measurable and meaningful impact on the significant health needs in communities.

Intermountain continuously monitors performance on Implementation Strategies using the Intermountain Operating Model, a fully integrated framework that drives our culture of continuous improvement to maximize impact in the communities we serve. Successful performance will show the reach of activities and resources to communities with data-identified needs, changes in individual behaviors or attitudes, and removal of barriers to health. Additionally, we will use evidence-based and evidence-informed programs to ensure we improve anticipated health outcomes.



Healthy Kids Scorecard

In addition to using the Intermountain IOM Framework, Primary Children’s Hospital developed the Healthy Kids Scorecard to improve health equity for Utah children and engage community-based organizations in aligned strategies. It is a public-facing database of pediatric measures. The scorecard supports community coalitions to identify barriers to health and address them through data-driven strategies and a collective impact model.

Implementation Strategy: Improve Behavioral Health

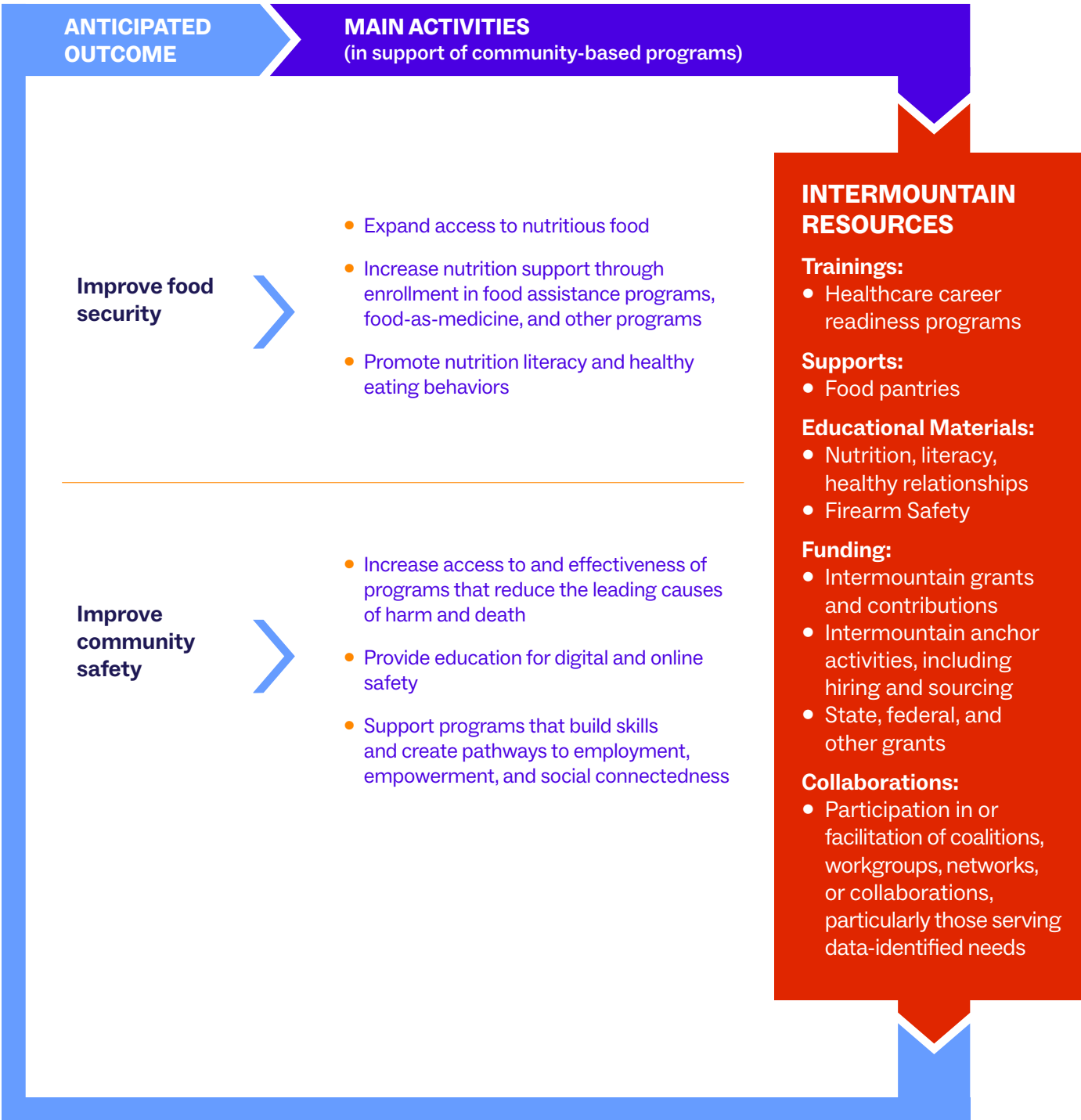
AIM STATEMENT: By the end of 2028, improve behavioral health at the individual, household, and community levels for children with measurable outcomes to increase awareness, improve help-seeking behaviors, improve access to community-based resources, and strengthen support networks. CHNA data will be used to direct resources and programs to reduce health disparities for children and their families.



APPENDIX: COMMUNITY RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Implementation Strategy: Invest in Social Drivers of Health

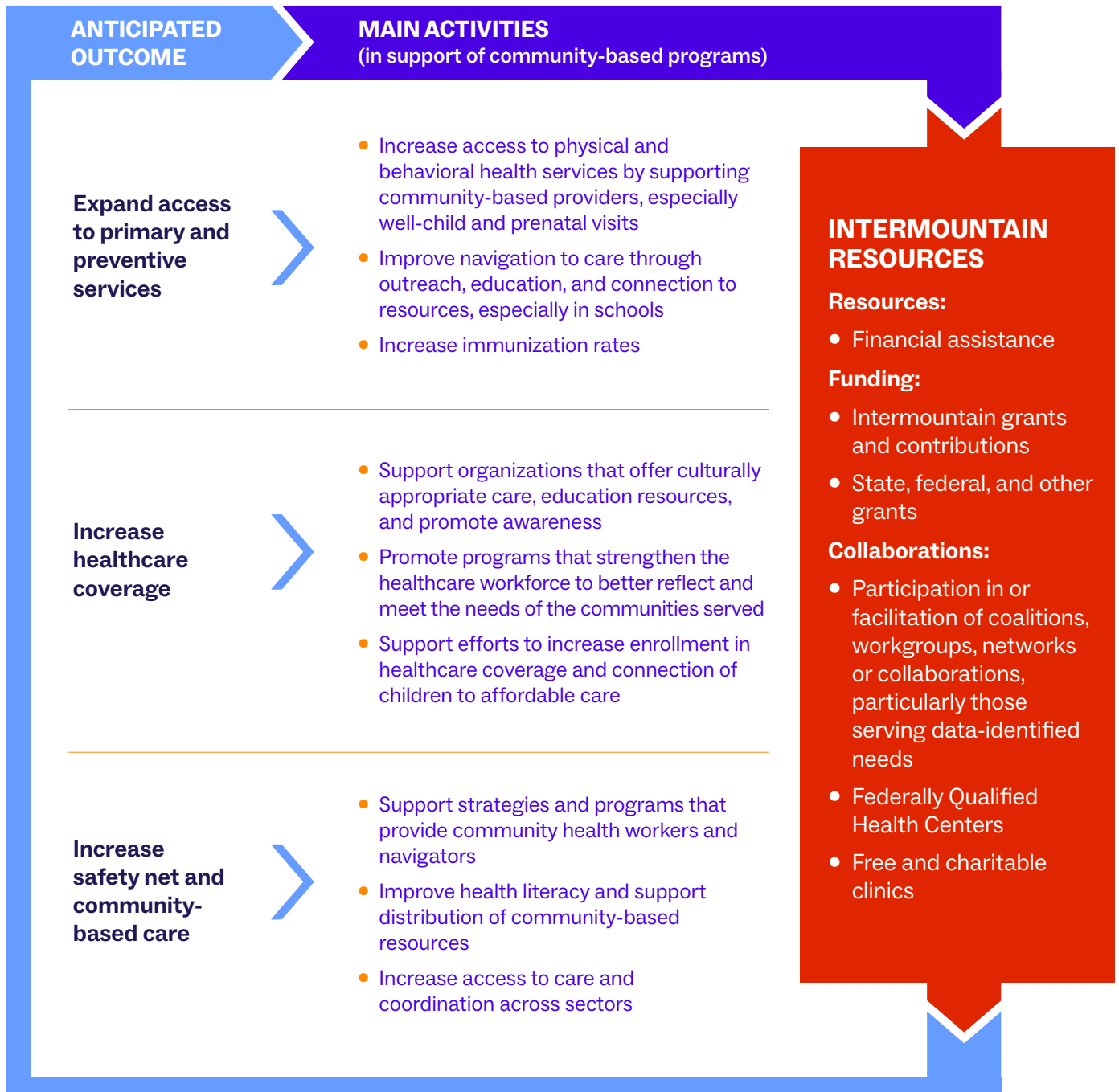
AIM STATEMENT: By the end of 2028, invest in social drivers of health at the individual, household, and community levels for children with measurable outcomes to increase utilization of community-based programs, strengthen network of resources, and improve self-efficacy and behaviors. CHNA data will be used to direct resources and programs to reduce health disparities for children and families.



APPENDIX: COMMUNITY RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Implementation Strategy: Increase Access to Care

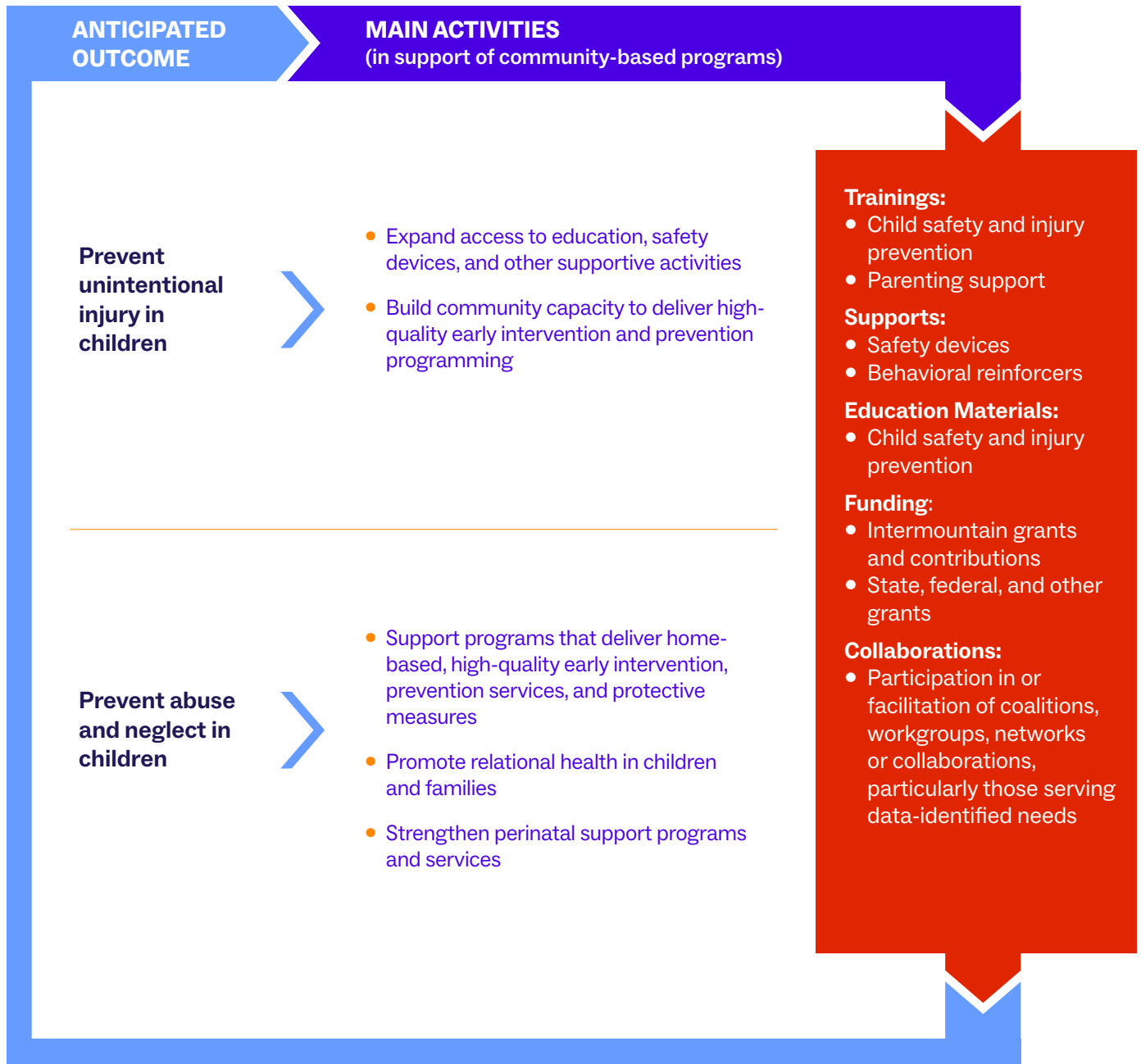
AIM STATEMENT: By the end of 2028, increase access to care at the individual, household, and community levels for children with measurable outcomes to expand provider capacity, increase outreach, strengthen community collaborations, and improve health knowledge and self-efficacy. CHNA data will be used to direct resources and programs to reduce health disparities for children and families.



APPENDIX: COMMUNITY RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Implementation Strategy: Prevent Childhood Injury and Illness

AIM STATEMENT: By the end of 2028, prevent childhood injury and illness at the individual, family, and community levels for children with measurable outcomes to strengthen protective factors, increase awareness, improve safety behaviors, and strengthen community collaborations. CHNA data will be used to direct resources and programs to reduce health disparities.



APPENDIX: COMMUNITY RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Appendices

Community Resources

Resources to Address Significant Health Needs

Significant Health Need	Organization	Summary of Resources
Improve Behavioral Health	Local Mental Health Authorities	Mental health therapy, case management, group therapy, and trainings. Individual and group services on a sliding fee scale that support access for low-income individuals.
	County Public Health Departments	Provide prevention programming and harm reduction.
	Peer-Support Organizations	Peer recovery coaching, family support services, and social supports.
	Education Organizations and Schools	Youth mental health resources, education, and prevention
Invest in Social Drivers of Health	Housing Authorities	Affordable housing and support, case management, and transition services.
	County and State Government Agencies	Local workforce centers, government programs like Women, Infants and Children (WIC), and collaboration on economic stability strategies.
	Nonprofit Food Organizations	Community-based organizations that provide food assistance programs, local food banks, and pantries.
	Nonprofit Employment and Economic Stability Organizations	Community-based organizations that provide training programs leading to employment pathways, financial literacy education, and wrap-around support for people experiencing poverty.
Increase Access to Care	Federally Qualified Health Centers	Community-based organizations that provide comprehensive primary medical, dental, and behavioral healthcare regardless of ability to pay and insurance status.
	Safety Net Clinics	Community and school based primary care services including medical, behavioral health, and dental for low-income and uninsured residents.
	Nonprofit Community Organization	Navigation and application assistance for public programs, including government and other health insurance, and services for children with specialized and complex healthcare needs.
	Government Agencies	Enrollment assistance for numerous types of public benefits related to access, income, and insurance coverage.
	Law Enforcement and Corrections	Connection to medical, behavioral health, and social support services.
Prevent Childhood Injury and Illness	Early Childhood Government Agencies	In-home services, health and wellness support, and child protection.
	Nonprofit Community-Based Organizations	Assistance in connecting children and families experiencing poverty, abuse, neglect, or crisis to social services and other community resources. Supervision and programs for children focused on safety, health, learning, and development.
	Child Behavioral Health Organizations	Specialized pediatric behavioral health providers who serve children and youth.
	Education Organizations and Schools	Youth mental health resources, promotion of injury prevention and mental well-being, and career pathways leading to economic stability.
	State and County Health Departments	Provide education, prevention programming, and harm reduction.

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Community Health Needs Assessment (CHNA)	Triennial review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Data-identified and preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by communities.
Health Equity	Foundational and embedded across Intermountain Health's approach to health improvement is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i. e. , frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategies (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on data-driven needs.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.

To submit written comments or request a paper copy, please email IH_CommunityHealth@imail.org

For additional information about the CHNA or Implementation Strategy, contact:

Doug Thomas

Director of Community Health - Children's Health
Doug.Thomas@imail.org

Lisa Nichols

Vice President of Community Health
Lisa.Nichols@imail.org

